

Work Order ID 93270

93270

Page 1

November-15-12 10:43:29 AM

Item ID: 647.7913

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Doubler

Start Date: 11/15/12 Start Qty: 6.00

6

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 12-11-15

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
----------	--------------	--	--	--	--	--	--	--	--

647.7900	N/C	0.00							
110									
110									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg								
2024.063	Dwg Rev: A/C								
	Prog Rev: A/C								
	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC	Memo	0.00							
Quality Control									

6 0 JM 12-11-25

6 0 JM 12-11-25

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS			
Part No. _____	Rework	Scrap	Use-as-is	Skid-tube	Crosstube	Water Jet	Engineering
NCR No. _____	Work Order Update			Machining	Small Fab	Prod. Eng. Coor.	Quality
				Thermoforming	.Finishing	Rec/Store/Packaging	Other
				Large Fab	Composite	Supplier	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
Bending	Bend	Grain	Ovalized	Pressure/Forced
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled
Cuffs	Contamination	Maintenance	Part Moved	
Heat Treat	Countersink	Mislabeled	Positioned Wrong	
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge	
Ripples in Bend	Drill Holes	Offset		Other
Torque Waves in Extrusion	Drawing	Out of Calibration		
Turning Sequence	Finish	Out of Sequence		
Wave/Twist in Tube	Folio	Outside Dimensions		

Work Order ID 93270

93270

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November-15-12 10:43:29 AM

Item ID: 647.7913

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Doubler

Start Date: 11/15/12 Start Qty: 6.00

6

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

QC

Quality Control

QC8- Inspect parts - second check

0.00

DAS

15

6.89

0.00

101126

6

140

140

Outsource4

Outsource process - Anodize

Outsource process-Anodize per QSI017 4.1.10.1

0.00

Memo

0.00

ISSUE P/O: 18506

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

11-11-20

150

150

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Memo

0.00

11-11-18 (6)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Work Order:	Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____	Part No. _____	NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
Bending	Bend	Grain	Ovalized	Pressure/Forced						
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure						
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld						
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled						
Cuffs	Contamination	Maintenance	Part Moved							
Heat Treat	Countersink	Mislabeled	Positioned Wrong							
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge							
Ripples in Bend	Drill Holes	Offset		Other						
Torque Waves in Extrusion	Drawing	Out of Calibration								
Turning Sequence	Finish	Out of Sequence								
Wave/Twist in Tube	Folio	Outside Dimensions								

Work Order ID: 93270

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Page 3

November-15-12 10:43:29 AM

Item ID: 647.7913

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N900040100

Setup

Start

NS1

Revision ID:

Item Name: Doubler

Stop

NS2

Start Date: 11/15/12 Start Qty: 6.00

6

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

QC5- Inspect part completeness to step on W/O

0.00

160

QC

Memo

0.00

6

DAS

05

9-89

12-12-23

Quality Control

170

170

SprayPaint

Spray Painting

Memo

0.00

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)

CARDINAL 4860-50 PRIMER BATCH: 123693

6

Ø

Ø

A

12-12-31

180

QC14- Inspect Spray Paint

0.00

180

QC

Quality Control

Memo

0.00

6

DAS

05

9-89

13-01-05

NCR: Yes / No

DQA: Date: ,

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS										
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other									
Part No. _____																
NCR No. _____																
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector							
Doc/Data																
Equip/Tooling																
Operator																
Material																
Setup																
Other																
Process																
Supplier																
Training																
Unapproved																
FAULT CATEGORY																
Landing Gear				General												
Bending	General			Bend	General			Grain	General			Ovalized	General			Pressure/Forced
Centre Not Concentric to O/S				BOM/Route				Hardware				Over/Under tolerance				Temperature/Cure
Cracks				Broken/Damaged				Inspection Incomplete				Part Incorrect				Weld
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear				Part Lost/Missing				Wrong Stock Pulled
Cuffs				Contamination				Maintenance				Part Moved				
Heat Treat				Countersink				Mislabeled				Positioned Wrong				
Inspection Strip in Tube				Cut Too Short				Misread				Power Loss/Surge				
Ripples in Bend				Drill Holes				Offset								
Torque Waves in Extrusion				Drawing				Out of Calibration								
Turning Sequence				Finish				Out of Sequence								
Wave/Twist in Tube				Folio				Outside Dimensions								

Work Order ID 93270

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Page 4

November-15-12 10:43:29 AM

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Start

NS1

Revision ID:

Stop

NS2

Item Name: Doubler

Start Date: 11/15/12 Start Qty: 6.00

6

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

190

Packaging

Identify as per dwg & Stock Location: 1390

0.00

13/10/12 (C)

200

200

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

13/11/10 (F)

Memo

0.00

MF
13-01-09

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
			Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
			Centre Not Concentric to O/S <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
			Cracks <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
			Crushed/Crimped. <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
			Cuffs <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
			Heat Treat <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
			Inspection Strip in Tube <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
			Ripples in Bend <input type="checkbox"/>	Offset <input type="checkbox"/>							
			Torque Waves in Extrusion <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
			Turning Sequence <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
			Wave/Twist in Tube <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

Picklist Print

November-15-12 10:43:29 AM

Page 1
J**Work Order ID:** 93270**Parent Item:** 647.7913**Parent Item Name:** Doubler**Start Date:** 11/15/12**Required Date:** 12/07/12**Start Qty:** 6.00**Required Qty:** 6.00**Comments:** IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063 2024-T3 .063 sheet	Purchased	No				110	sf	244.4200	0.1	0.6315789 0.7			

Location	Loc Oty	Loc Code
MAT022	244.42	
119916	0.1	
121197	16.32	
123654	36	123654
123701	192	

Jm 12-10-25

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																																						
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>																								
Part No. _____			Work Order Update <input type="checkbox"/>																																									
NCR No. _____																																												
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector																																
Doc/Data																																												
Equip/Tooling																																												
Operator																																												
Material																																												
Setup																																												
Other																																												
Process																																												
Supplier																																												
Training																																												
Unapproved																																												
FAULT CATEGORY																																												
Landing Gear				General																																								
				Bending <input type="checkbox"/>	Centre Not Concentric to O/S <input type="checkbox"/>	Cracks <input type="checkbox"/>	Crushed/Crimped. <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Inspection Strip in Tube <input type="checkbox"/>	Ripples in Bend <input type="checkbox"/>	Torque Waves in Extrusion <input type="checkbox"/>	Turning Sequence <input type="checkbox"/>	Wave/Twist in Tube <input type="checkbox"/>	Bend <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Burrs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Countersink <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Drawing <input type="checkbox"/>	Finish <input type="checkbox"/>	Folio <input type="checkbox"/>	Grain <input type="checkbox"/>	Hardware <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>	Offset <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>

DART AEROSPACE LTD

Work Order:

93230

Description: Double

Part Number: 942.7913

Inspection Dwg: 647 Rev: N/C

Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

~~WAS~~

Measured by:	JM
Date:	12-11-25

Audited by:	15 -89
Date:	12-11-06

Preliminary Approval: _____

1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8

1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8

NOTES:

A  MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4

A  FINISH: ANODIZE PER MIL STD-A-8625, TYPE III, CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES

4. IDENTIFY IAW MPP-120

B

C

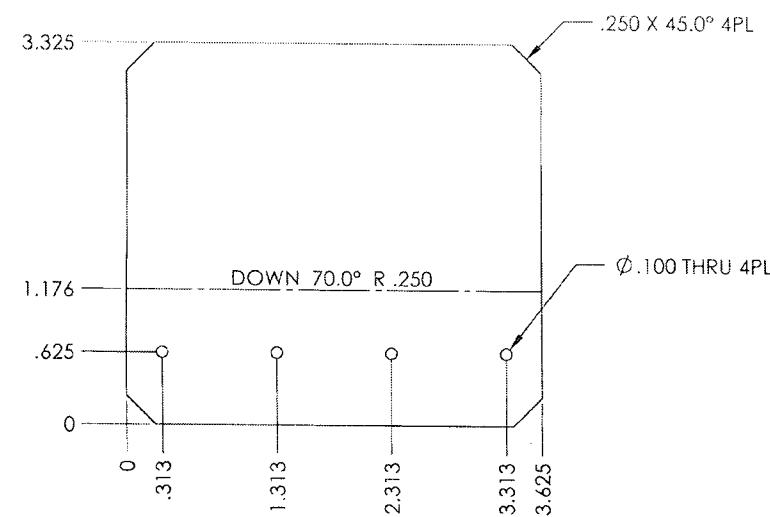
D

93270 MLC

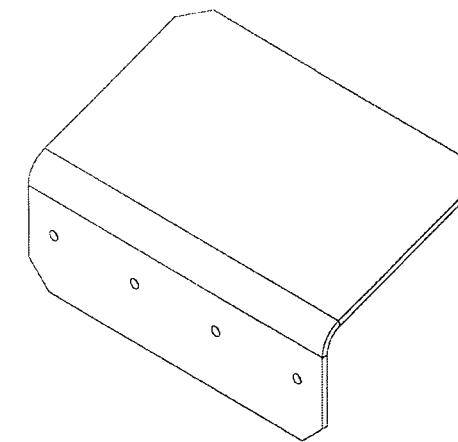
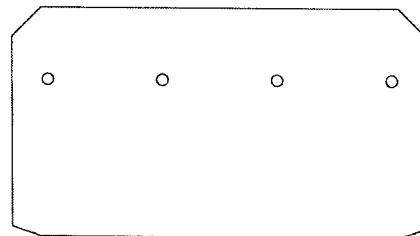
12-11-15

QTY	PART #	DESCRIPTION	MATL	SPEC
PARTS LIST				
	647.7919	SHIM		
	647.7918	BRACKET		
	647.7917	BRACKET		
	647.7916	BRACKET		
	647.7915	BRACKET		
	647.7914	BRACKET		
	647.7913	DOUBLER		
	647.7912	CLIP		
	647.7911	BRACKET		
	647.7910	ANGLE BRACKET		
PARTS LIST				
NEXT ASSY (S)				
DRAWN BY: CHECKER: APPROVAL: DATE: P/N: DRAWN BY: APPROVAL: DATE: P/N:				
647.7300				
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92058-3512 (760)724-5300				
SHEET METAL				
MATERIAL: SHEET METAL THICKNESS: .030 INCHES TEMPER: COLD ROLLED FINISH: ANODIZED ANGLES: ± 5°				
NET QTY: 1 CODE: B REV: N/C 07M6 D/W: 647.7900 SCALE: NONE SHEET: 1 OF 9				

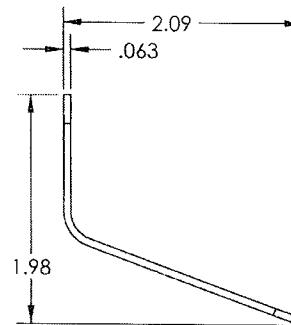
93270



FLAT PATTERN



647.7910



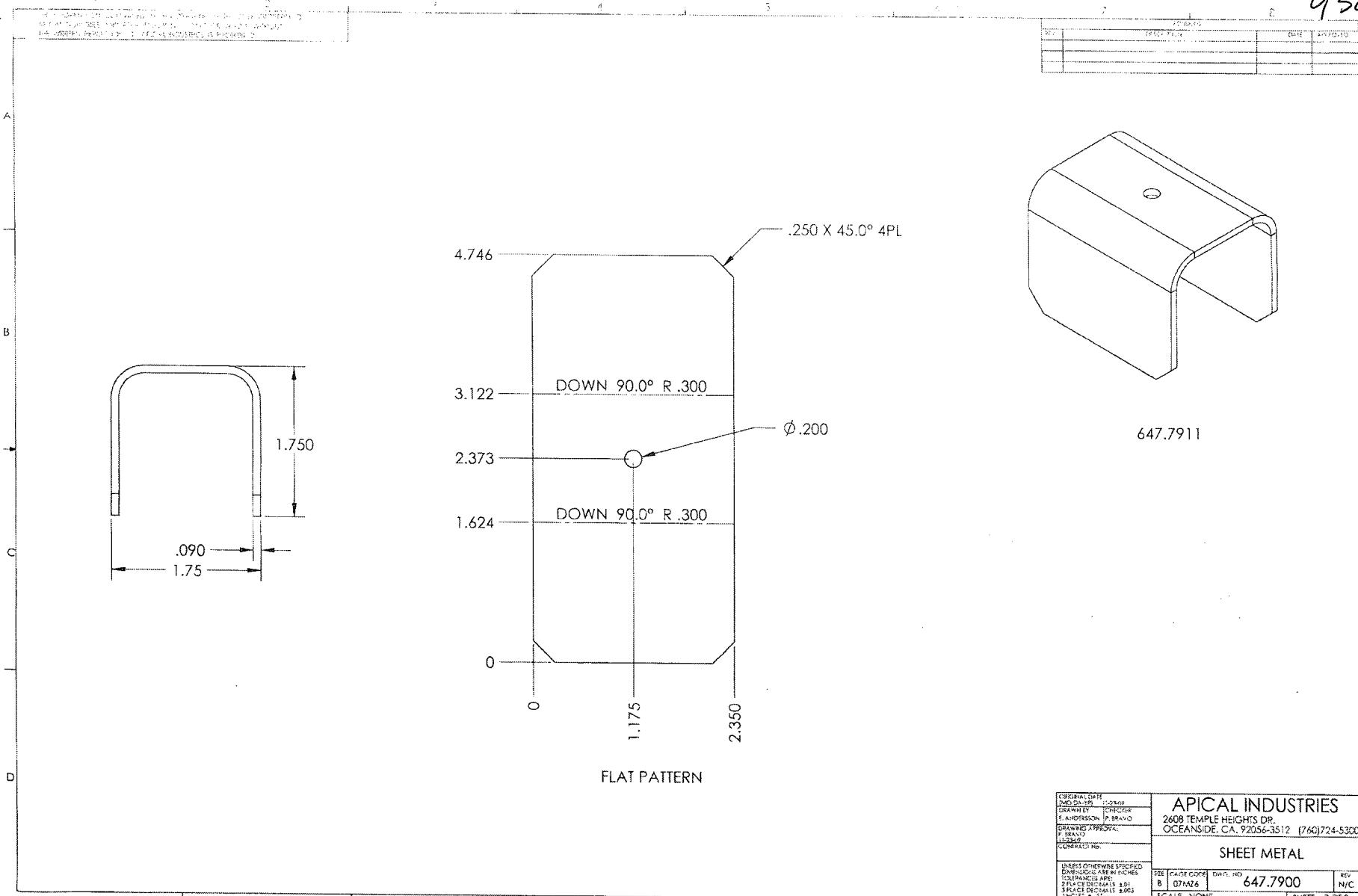
OPTIONAL DATE 10-03-01	11-29-01
DRAWN BY E. ANDERSON	CHECKED P. BRAVO
DESIGN APPROVAL P. BRAVO	
CONTRACT NO.	
UNLESS OTHERWISE SPECIFIED DRAWINGS ARE IN INCHES 1 PLACE DECIMALS 2 PLACE DECIMALS ± .01 3 PLACE DECIMALS ± .005 4 PLACES ± .0005	
REV B C7MZ6	DOC. NO. 647.7900 N/C
SCALE: NONE	
SHEET 2 OF 9	

APICAL INDUSTRIES

2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

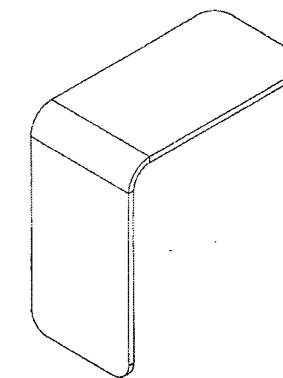
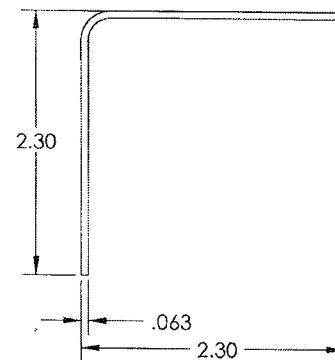
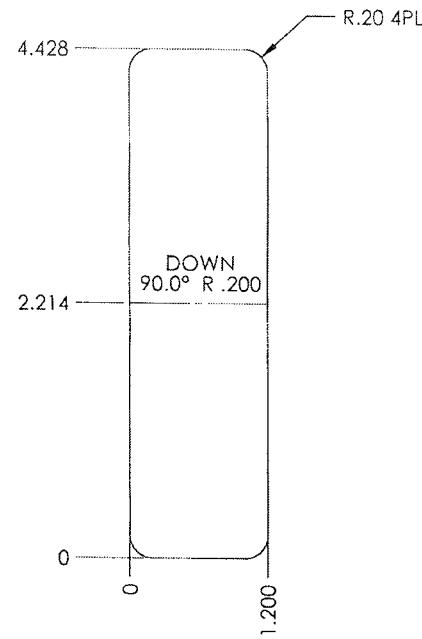
SHEET METAL

93278



93270

ITEM	DESCRIPTION	QUANTITY	UNIT PRICE



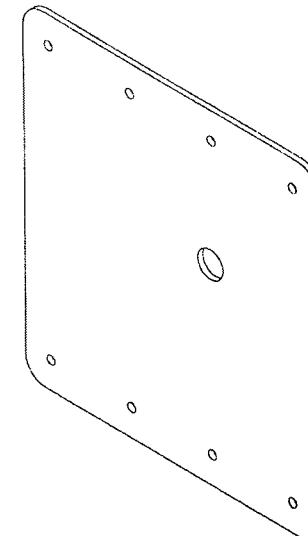
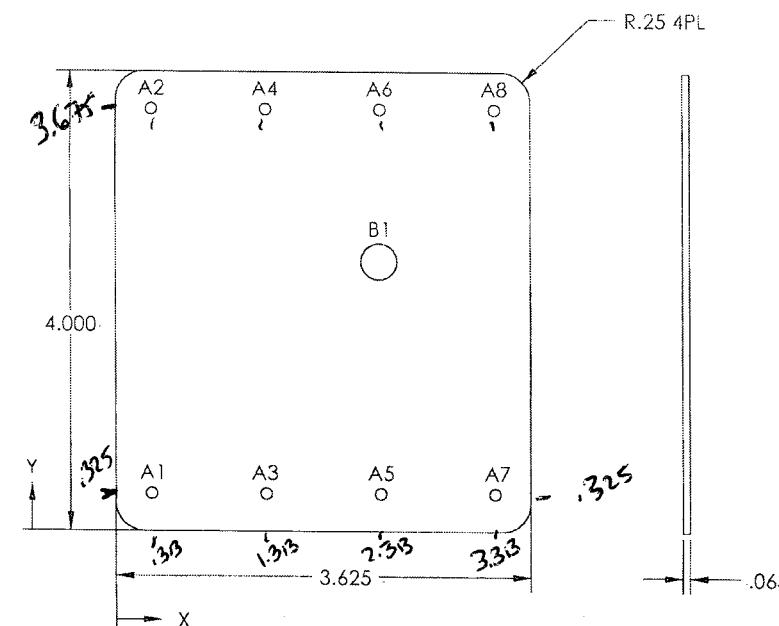
647.7912

CHECKED DATE 2008-04-12 11:22:49	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300
DRAWN BY [Signature] L. LUCAS [Signature] DRAWING APPROVED P. LARO [Signature] 100% CHECKED CUTTING PRACTICED	SHEET METAL
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES 2 PLACE DECIMALS ± .01 3 PLACE DECIMALS ± .003 ANGLES ± 2°	SEE CAGE CODE D/WO. NO. 647.7900 REV. N/C B 07M16 SHEET 4 OF 9

93270

16.000000 10.000000 10.000000 10.000000 10.000000
10.000000 10.000000 10.000000 10.000000 10.000000
10.000000 10.000000 10.000000 10.000000 10.000000

NAME	GRADE	DATE	AGE



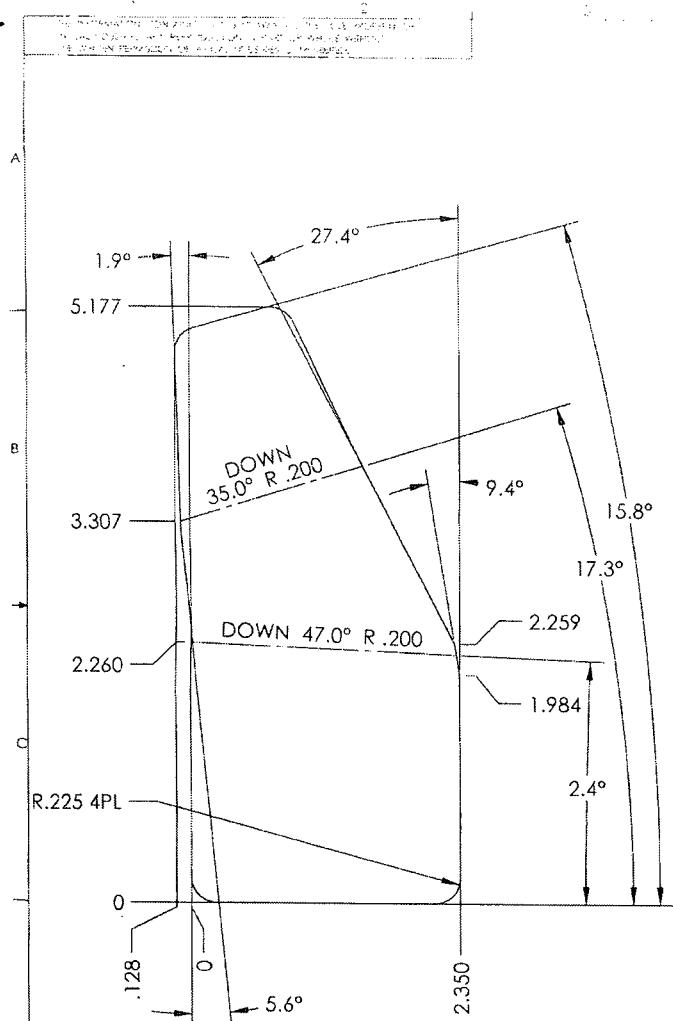
647,791

TAG	X LOC	Y LOC	SIZE
A1	.313±.002	.325±.002	· Ø.100
A2	.313±.002	3.675±.002	Ø.100
A3	1.313±.002	.325±.002	Ø.100
A4	1.313±.002	3.675±.002	Ø.100
A5	2.313±.002	.325±.002	Ø.100
A6	2.313±.002	3.675±.002	Ø.100
A7	3.313±.002	.325±.002	Ø.100
A8	3.313±.002	3.675±.002	Ø.100
B1	2.300±.002	2.350±.002	· Ø.313

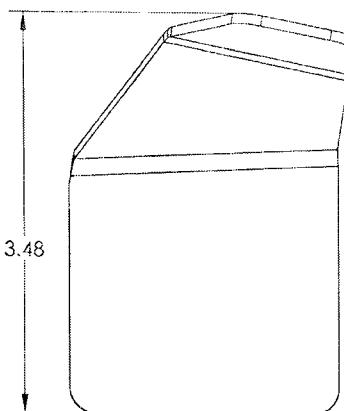
GENERAL DATE 10-MAY-2009	APICAL INDUSTRIES
DEPARTMENT E. ANDERSON	2608 TEMPLE HEIGHTS DR.
CRAYON APPROVAL F. BRAVO	OCEANSIDE, CA. 92056-3512 (760)724-5300

SHEET METAL

SPACE FOR NOTES & MTS
ANALYSIS & S*
SCALE NONE
SHEET 5 OF 9

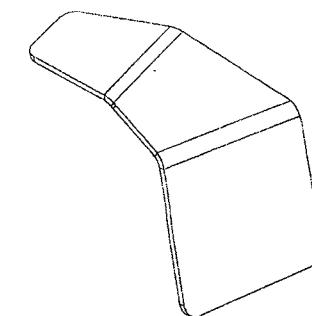


FLAT PATTERN

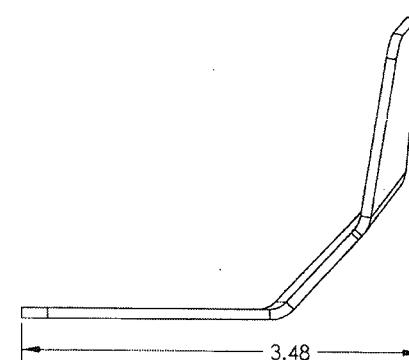


A technical line drawing of a stepped foundation. The top horizontal line is labeled '0.90' with a vertical dimension line. The vertical height of the top step is labeled '2.64' with a vertical dimension line. The base width is labeled '2.47' with a horizontal dimension line.

647.7914 SHOWN
647.7915 OPPOSITE

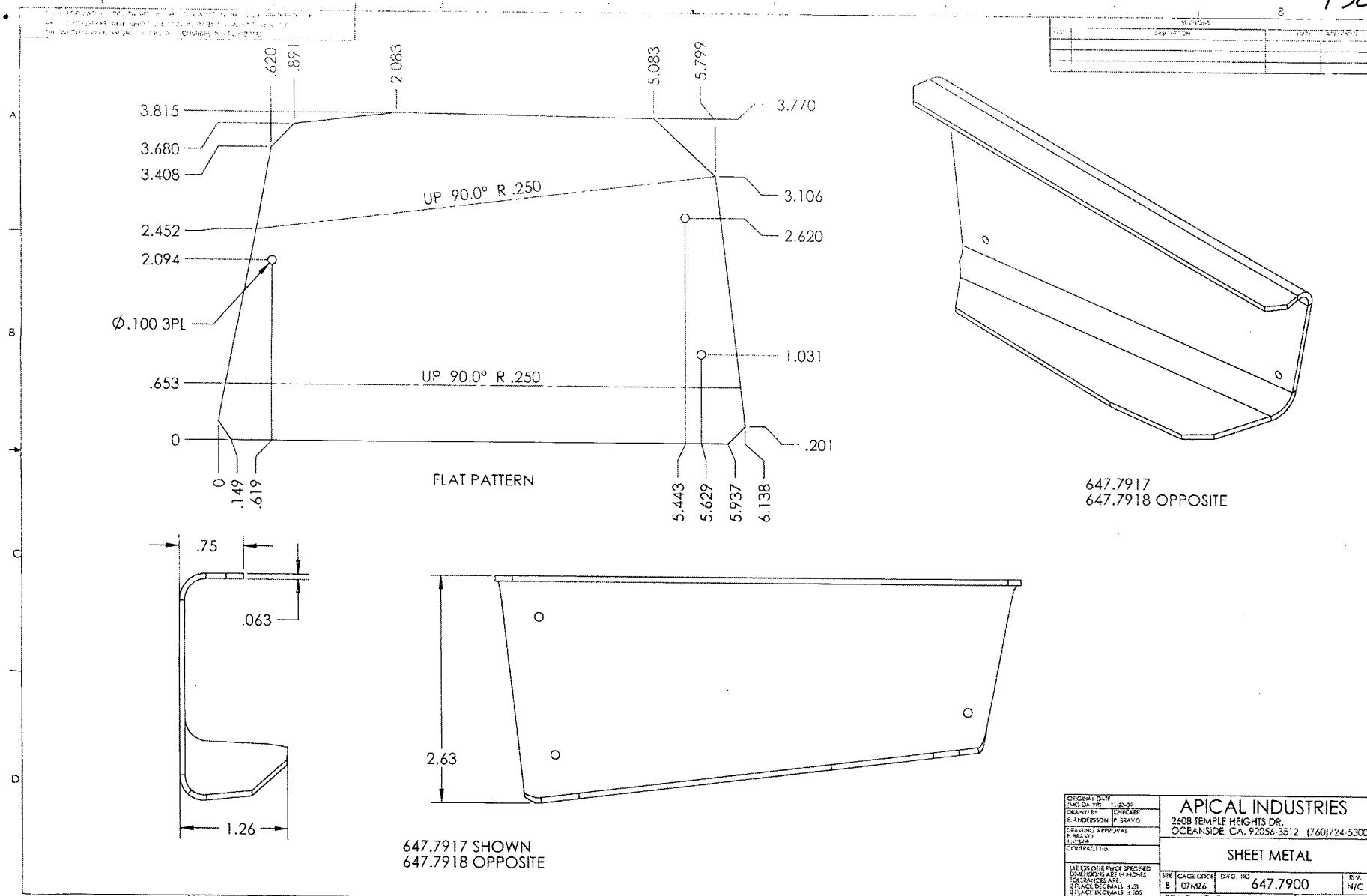


647.7914
647.7915 OPPOSITE



ORIGINAL DATE 10-20-02	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 [760]724-5300	
DRAWN BY C. ANGULO P. BRAVO	SHEET METAL	
DESIGNED BY C. ANGULO P. BRAVO		
COPIED BY C. ANGULO P. BRAVO		
LINES, CIRCLES, ETC. SPECIFIED DOWNSCALE 1:1 TOLERANCES ARE NOT INDICATED S.P.C.T. SPECIFICATIONS 2005		
REV. DATE 07-07-03	DRAW. NO. B 07MA	REQ. H/C
SCALE: 1:1000		LINEAR: 1:1000

93278



CH-001 DATE 7/10/04-11:20AM
DRAWN BY: P. BRAVO
DESIGNED BY: P. BRAVO
REV: 0
CONTRACT NO:
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE CA. 92056-3512 (760)724-5300
SHEET METAL
UNLESS OTHERWISE SPECIFIED
ALL DIMENSIONS ARE IN INCHES
TOLERANCES ARE
.005 FOR SMALLS & .010
FOR LARGE DECREASING IN 100'
ANGLES $\pm 3^\circ$
B7M26 Dwg. No. 647.7900 Rev. N/C
SCALE: NONE SHEET B OF 9

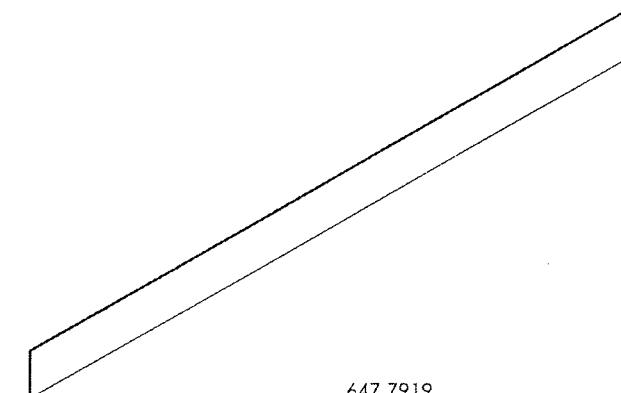
93270

THE DIALECTIC OF THE PRACTICAL AND THE THEORETICAL, THE
ANALYTIC AND THE SYNTHETIC, THE CRITICAL AND THE
REFLECTIVE, THE SUBLIME AND THE COMEDICAL, THE
MAGICAL AND THE MUSICAL.

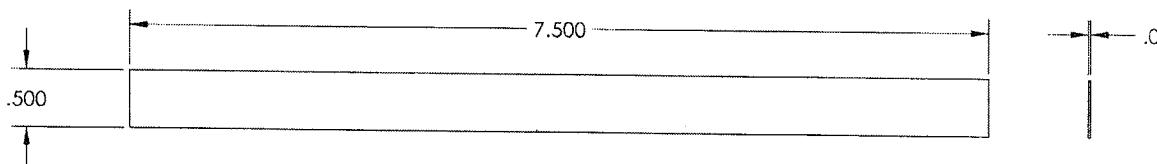
6

5

9



647.791



CONSTRUCTION DATE 11/20/04	APICAL INDUSTRIES		
DRAWING NUMBER D-10000000000000000000000000000000	2608 TEMPLE HEIGHTS DR.		
DESIGNER C. ADAMSON P. LEAVY	OCEANSIDE, CA. 92056-3512 (760)724-5300		
DRAWING APPROVAL P. LEAVY 11/24/04	SHEET METAL		
CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE IN INCHES ALL LENGTHS ARE IN FEET STANDARD GRADE ANGLES & ST			
1/8"	SCALE	PEV.	
1/8"	07/16	647.7900	N/C
1/8"	None	SHEET 9 OF 9	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
1 lot	Part: ASST	Rev:
	8 PCS 647.1610	
	5 PCS 647.1612	
	2 PCS 647.1713	
	6 PCS 647.1811	
	1 PC 647.1816	
	1 PC 647.1817	
	8 PCS 647.1818	
	11 PCS 646.3210	
	20 PCS 646.3313	
	10 PCS 646.3717	
	20 PCS 646.3717	
	16 PCS 647.4610	
	10 PCS 649.4811	
	10 PCS 649.4812	
	24 PCS 649.4814	
	30 PCS 649.4815	
	6 PCS 647.7913	
	3 PCS 647.7919	
	10 PCS 647.9010	
	10 PCS 647.9011	
	15 PCS 647.9012	
	40 PCS 647.9013	
	60 PCS 646.9710	
	HARD ANODIZE BLACK	
	MIL-A-8625 TYPE III CLASS 2	
	Job: 20120768	PO: PO18506
		Line:

Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance
with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 12/12/12



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Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE: <u>Mr</u> RECEIVER SIGNATURE: <u>PDYK</u>